

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	FOUP Door Transfer System
Attorney Docket Number::	RCIF 1002-2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	5
Small Entity?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Citizenship Country::	France
Status::	Full Capacity
Given Name::	Christophe
Middle Name::	
Family Name::	Lero
Name Suffix::	
City of Residence::	Leguevin
State or Province of Residence::	
Country of Residence::	France
Street of mailing address::	
City of mailing address::	Leguevin
State or Province of mailing address::	
Country of mailing address::	France
Postal or Zip Code of mailing address::	

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Pierre  
Middle Name::  
Family Name:: Astegno  
Name Suffix::  
City of Residence:: Saint Jory  
State or Province of Residence::  
Country of Residence:: France  
Street of mailing address::

City of mailing address:: Saint Jory  
State or Province of mailing address::  
Country of mailing address:: France  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Alain  
Middle Name::  
Family Name:: Gaudon  
Name Suffix::  
City of Residence:: Launac  
State or Province of Residence::  
Country of Residence:: France  
Street of mailing address::

City of mailing address:: Launac

State or Province of mailing address::

Country of mailing address:: France

Postal or Zip Code of mailing address::

## Correspondence Information

Correspondence Customer Number:: 22470

## Representative Information

Representative Customer Number::	22470	
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## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60433516	12/13/02

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## **Assigne Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::